

(rev 9/17/03)

Company Mailing Address: **Please include name of contact person.**

Please check one **only** (see (a) below):

[illegible]

- a. Entries on a form must be either **all** appointments or **all** terminations.
- b. **Effective Date-** Use **mm/dd/yyyy** format
- c. **C** – Mark this column **only** if the termination is “**for cause.**” A termination is “for cause” when an insurer ends its agency relationship with a producer for one of the reasons specified in Section 1420-K of the Maine Insurance Code. Additional written documentation **must** be submitted to the Insurance Department in accordance with the requirements of Section 1420-N(1).
- d. **No** confirmation of appointment will be sent to the insurer. Confirmation of processed appointments can be verified on the NAIC’s PDB or the Bureau’s website: maineinsurancereg.org